



Needs Assessment for the implementation of the WHO Framework Convention on Tobacco Control in The Bahamas



Needs Assessment team and stakeholders from the education sector in The Bahamas

Convention Secretariat
May 2024

Acknowledgements

The Secretariat of the WHO Framework Convention on Tobacco Control (Convention Secretariat) thanks the Government of The Bahamas for the invitation to undertake this joint Needs Assessment exercise. The Needs Assessment was completed in a partnership effort involving The Bahamas Ministry of Health and Wellness (MoHW), the Ministry of Finance, the Pan American Health Organization (PAHO/WHO) and the Convention Secretariat.

The joint Needs Assessment mission was possible through funding made available by PAHO/WHO.

Contents

Abbreviations and Acronyms	4
Executive summary	5
The WHO FCTC	10
The Needs Assessment exercise	10
Key facts on tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality in The Bahamas	11
Global Youth Tobacco Survey (GYTS) 2013	11
STEPS	11
Tobacco control milestones in The Bahamas	12
The Needs Assessment and methodology	13
Status of implementation, gaps, and recommendations	13
Article 2. Relationship between this Convention and other agreements and legal instruments	13
Article 4. Guiding Principles	14
Article 5. General obligations	15
Article 6: Price and tax measures	22
Article 8: Protection from exposure to tobacco smoke	27
Article 9 on Regulation of the contents of tobacco products, and Article 10 on Regulation of tobacco product disclosures	28
Article 10: Regulation of tobacco product disclosures	29
Article 11: Packaging and labelling of tobacco products	30
Article 12: Education, communication, training and public awareness	30
Article 13: Tobacco advertising, promotion and sponsorship	32
Article 14: Measures concerning tobacco dependence and cessation	34
Article 15: Illicit trade in tobacco products	36
Article 16. Sales to and by minors	37
Article 17: Provision of support for economically viable alternative activities	38
Articles 18: Protection of the environment and the health of persons	39
Article 19: Liability	40
Article 20: Research, surveillance and exchange of information	41
Article 21: Reporting and exchange of information	42
Article 22: Cooperation in the scientific, technical, and legal fields and provision of related expertise	42
Article 26: Financial resources	42
Annex	44
List of Government agencies and their representatives, members of the international team, and NGOs participating in the joint Needs Assessment	44

Abbreviations and Acronyms

BSD	Bahamian Dollar
Convention	WHO FCTC
Convention Secretariat	Secretariat of the WHO FCTC
COP	Conference of the Parties
CSO	Civil society organisation
GYTS	Global Youth Tobacco Survey
MoF	Ministry of Finance
MoHW	Ministry of Health and Wellness
NCDs	Non-communicable diseases
NGO	Non-governmental organisation
NRT	Nicotine replacement therapy
PAHO	Pan American Health Organization
Protocol	Protocol to Eliminate Illicit Trade in Tobacco Products
STEPS	WHO STEPwise approach to surveillance
TAPS	Tobacco advertising, promotion and sponsorship
UN	United Nations
UN MSDF	UN Multi-Country Sustainable Development Cooperation Framework
USD	United States Dollar
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

Executive summary

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is an international treaty negotiated under the auspices of WHO, which was developed in response to the globalisation of the tobacco epidemic. It was adopted in 2003 and entered into force in 2005. The WHO FCTC is an evidence-based and legally binding international treaty that includes evidence-based tobacco control measures and reaffirms the right of all people to the highest attainable standard of health. Since its adoption it has become one of the most widely and rapidly embraced treaties in the history of the United Nations (UN), with 183 Parties to date.¹

The Bahamas signed the WHO FCTC on 29 June 2004 and ratified it on 3 November 2009.² Nevertheless, since becoming a Party to the WHO FCTC, The Bahamas has not made significant progress towards its implementation. The Needs Assessment process has highlighted that the country's legislative and regulatory frameworks need to be strengthened to ensure full implementation of the treaty obligations set out in the WHO FCTC.

The Government of The Bahamas through its Ministry of Health and Wellness (MoHW) requested that the Convention Secretariat conduct a Needs Assessment exercise in The Bahamas to track progress of implementation of the WHO FCTC, identify gaps and challenges, and provide recommendations. Pursuantly, a Needs Assessment mission was undertaken in The Bahamas over the period 6-9 May 2024. The Needs Assessment highlighted the key elements that need to materialise to enable The Bahamas to fully meet its obligations under the WHO FCTC. These are summarised below, with further details contained in the report.

First, the WHO FCTC is an international treaty and therefore represents international law. Having ratified the WHO FCTC, The Bahamas has an obligation to implement its provisions through national legislation, policy actions, and other measures. There is a need to identify all obligations in the substantive articles of the WHO FCTC, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally, where appropriate, to fully implement the Convention.

Second, Article 5.1 of the WHO FCTC requires Parties to develop, implement, periodically update, and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. The Bahamas does not have a national tobacco control strategy. It is recommended that The Bahamas develop a comprehensive national tobacco control strategy to accelerate the implementation of the WHO FCTC in line with the *Global Strategy to Accelerate Tobacco Control 2019-2025*³ and the recommendations of this Needs Assessment.

Third, under Article 5.2(a) of the WHO FCTC, Parties have an obligation to establish a national multisectoral coordinating mechanism or focal point for tobacco control. The Bahamas does not have a formal national coordinating mechanism for tobacco control. During the Needs Assessment, strong support for tobacco control was expressed from different ministries and sectors, which should be harnessed. It is recommended that The Bahamas strengthen

¹ WHO FCTC. WHO FCTC Parties. <https://fctc.who.int/who-fctc/overview/parties>.

² United Nations Treaty Collection. Parties to the WHO FCTC (status as at: 05-08-2024).

https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=en.

³ World Health Organization (WHO). Global strategy to accelerate tobacco control: Advancing sustainable development through the implementation of the WHO FCTC 2019-2025. <https://fctc.who.int/publications/i/item/WHO-CSF-2019.1>.

multisectoral cooperation for the implementation of the WHO FCTC by establishing a multisectoral national coordinating mechanism with a clear mandate, terms of reference, and operational procedures.⁴ Sustainable resources should be identified for its functioning. It is also recommended that The Bahamas encourage and facilitate the participation of civil society (including faith-based groups and academia) in support of tobacco control in line with Article 4.7 of the WHO FCTC.

Fourth, Parties are required in accordance with Article 5.2(b) of the WHO FCTC to adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke. Current legislation for tobacco control in The Bahamas is piecemeal and does not adequately address key requirements of the WHO FCTC. While The Bahamas has drafted a Tobacco Control Bill, this has not moved beyond its initial policy making stages and has not been sent to Parliament. The Bill was drafted to be comprehensive but should be augmented to include novel and emerging nicotine and tobacco products such as e-cigarettes. During the Needs Assessment mission, many stakeholders raised their concerns about the use of e-cigarettes by young people.

The Bahamas ratified the WHO FCTC on 3 November 2009 and it came into force ninety days later. The WHO Framework Convention on Tobacco Control: guidelines for the implementation of Article 8 provide that Parties should strive for the adoption of effective measures to protect people from exposure to tobacco smoke in (i) indoor workplaces, (ii) indoor public places, (iii) public transport, and, (iv) as appropriate, in other public place within five years of the WHO FCTC's entry into force for that Party. Article 11 of the WHO FCTC mandates Parties to adopt and implement effective measures to prohibit misleading tobacco packaging and labelling and to ensure that tobacco product packages carry large, clear, rotating health warnings and messages that cover at least fifty per cent the package within three years after entry into force of the WHO FCTC; while Article 13 of the WHO FCTC mandates that Parties undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship (TAPS) within five years of the treaty's entry into force in their country. Accordingly, The Bahamas should have had the requisite requirements in place for packaging and labelling of tobacco products by **February 2013**; and 100% smoke-free indoor public spaces, and a comprehensive ban on TAPS by **February 2015**. Evidently, The Bahamas has fallen far behind in the implementation of its obligations under the WHO FCTC.

It is recommended that The Bahamas move ahead with enacting and implementing comprehensive tobacco control legislation to fully implement WHO FCTC obligations under the WHO FCTC and recommendations made in guidelines for implementation and relevant decisions of the Conference of the Parties (COP), the governing body of the WHO FCTC.

Fifth, Article 5.3 of the WHO FCTC stipulates that in setting *“public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry”*. The Needs Assessment revealed issues with tobacco industry interference in The Bahamas, including with regard to previous efforts to pass tobacco control legislation. The Bahamas needs to implement measures to protect public health policies from the commercial and other vested interests of the tobacco industry in accordance

⁴ A toolkit to support Parties to implement Article 5.2(a) has been developed by the Convention Secretariat and the United Nations Development Programme (UNDP). See National Coordinating Mechanisms for Tobacco Control: Toolkit for Parties to implement Article 5.2(a) of the WHO FCTC. January 2016. <https://fctc.who.int/news-and-resources/publications/m/item/national-coordinating-mechanism-for-tobacco-control>.

with the WHO Framework Convention on Tobacco Control: guidelines for the implementation of Article 5.3.

Sixth, increasing the price of tobacco through taxes, as mandated by Article 6 of the WHO FCTC, is one of the most effective policy measures to decrease tobacco consumption, including amongst young people. Despite progress in recent years, rates of tobacco taxation in The Bahamas fall short of WHO recommendations. The 2023 WHO report on the global tobacco epidemic indicates that the total tax share for The Bahamas is 53.6%, which is well below the 75% share recommended by WHO as best practice. There is an opportunity to continue to raise tobacco tax rates to achieve this threshold and introduce automatic adjustments for inflation and income growth to safeguards progress. In addition, it would be beneficial to transition the existing ad valorem taxes applied on some tobacco products to specific taxes, and to ensure that similar products are taxed at comparable rates. The Government of The Bahamas is encouraged to work closely with experts on tobacco taxation, including the WHO FCTC Knowledge Hub on Tobacco Taxation, to monitor, increase and/or adjust tobacco tax rates for all tobacco products on a regular basis, ideally annually, with the objective of significantly reducing affordability. It is also recommended that The Bahamas consider exploring options for directing tobacco taxes in whole or in part to fund tobacco control.

Seventh, in compliance with Article 14 of the WHO FCTC, Parties should develop and disseminate appropriate comprehensive and integrated guidelines for tobacco dependence treatment, and to implement effective tobacco cessation programmes. The Bahamas does not have a national cessation strategy or national treatment guidelines. Tobacco users in The Bahamas have limited options for cessation counselling services and stop-smoking medicines (nicotine replacement therapies) are only available for purchase at a very high cost to individuals. It is recommended that The Bahamas design and implement a national programme to promote the cessation of tobacco use by integrating evidence-based tobacco dependence treatment into primary healthcare and making these treatment services and stop-smoking medicines available at no cost to tobacco users if possible.

Eighth, illicit trade in tobacco is likely to be problematic, particularly given the multiple entry points on the 30 inhabited islands of The Bahamas. It recommended that The Bahamas comply with the provisions of Article 15 of the WHO FCTC which require Parties to adopt and implement effective legislative, executive, administrative or other measures for the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting. To support action on illicit tobacco, it is recommended that The Bahamas ratify the Protocol to Eliminate Illicit Trade in Tobacco Products and implement its provisions which include operating a tracking and tracing system to secure the supply chain, and to implement licensing requirements. In addition, cooperation and coordination on matters related to illicit trade both among governmental agencies in The Bahamas and through bilateral and multilateral channels should be enhanced.

Ninth, in accordance with Article 20 of the WHO FCTC, Parties should establish, as appropriate, programmes for national, regional, and global surveillance of tobacco consumption and exposure to tobacco smoke. Epidemiological surveillance is ongoing in The Bahamas, including the 2023 Global Youth Tobacco Survey (GYTS) and WHO STEPwise Approach to Surveillance (STEPS) in 2019. It is recommended that The Bahamas continue to engage in epidemiological surveillance of tobacco consumption and its related impact on public

health as well as social, economic and environmental development on a regular basis. It is also recommended that The Bahamas strengthen national research capacity in coordination with competent regional and international organisations to conduct research that (a) investigates the determinants and consequences of tobacco use and exposure to smoke, (b) evaluates the effectiveness of existing tobacco control interventions to reduce tobacco use prevalence, and (c) assesses likely impacts of evidence-based tobacco control policy measures for the country.

Tenth, Parties are encouraged, pursuant to Article 12 of the WHO FCTC, to achieve the highest attainable standard of health through public education, communication, and training on tobacco control. The Needs Assessment found that awareness raising activities on the consequences of tobacco use are not being carried out on a national or coordinated scale. Further, no significant media campaigns have been recently run and there is no strategy or long-term plan for such activity. The Bahamas is encouraged to include education, communication, and training on tobacco control issues in future national tobacco control strategies, such as including tobacco awareness and prevention in school curricula and through the use of digital technologies to maximise outreach across the country. The Bahamas is encouraged to develop and implement a comprehensive tobacco control communications plan that draws on international best-practice.

Eleventh, the UN Country Team (UNCT) in the Bahamas supports the achievement of the Sustainable Development Goals (SDGs) in the country through a joint framework called the UN Multi-Country Sustainable Development Cooperation Framework (UN MSDCF) in the Caribbean. The UN implements the UN MSDCF for the Caribbean guided by a Country Implementation Plan (CIP) for The Bahamas. The current UN MSDCF for the English and Dutch-speaking Caribbean 2022-2026 (including The Bahamas) seeks to help the region achieve the SDGs, and references the target under SDG3.a to “*strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate*”.⁵ To achieve support for wider sustainable development in The Bahamas, it is recommended to include WHO FCTC implementation (SDG goal 3.a) in the national planning undertaken by the UN MSCDF Committee established under the Office of the Prime Minister. In addition, WHO FCTC implementation should also be featured in PAHO/WHO Cooperation Strategies, and other national sustainable development strategies.

Twelfth, in accordance with Article 26 of the WHO FCTC, each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes. The Bahamas should establish a national tobacco control programme with sufficient human and financial resources allocated for comprehensive implementation of the WHO FCTC. The Bahamas is also encouraged to give consideration to allocating a percentage of total taxes and customs duties charged on tobacco products towards sustainably funding the national tobacco control programme.

Thirteenth, the Conference of the Parties has adopted eight sets of implementation guidelines covering WHO FCTC Articles 5.3, 6, 8, 9 and 10 (partial guidelines), 11, 12, 13⁶ and 14.⁷ The aim of the guidelines is to assist Parties in the implementation of the WHO FCTC and, therefore, in meeting the obligations under the WHO FCTC. The guidelines draw on scientific

⁵ United Nations in Guyana. United Nations Multi-Country Sustainable Development Cooperation Framework for the English and Dutch-speaking Caribbean 2022-2026. <https://guyana.un.org/sites/default/files/2022-02/MSDCF%202022-2026%20Final%20pdf%20-%20January%202022.pdf>.

⁶ Including specific guidelines to address cross-border advertising and the depiction of tobacco in entertainment media.

⁷ WHO FCTC. Guidelines, and policy options and recommendations for implementation of the WHO FCTC. <https://fctc.who.int/who-fctc/overview/treaty-instruments>.

evidence and the experience that Parties have with implementation. The COP also adopted a set of policy options and recommendations in relation to Articles 17 and 18 of the WHO FCTC,⁸ and a set of decisions to address and regulate novel and emerging nicotine and tobacco products.⁹ The Bahamas is strongly encouraged to employ these guidelines and policy options to support the full implementation of the WHO FCTC. The Bahamas should also consider the decisions made by COP relating to the implementation of the WHO FCTC at country-level.¹⁰

⁸ Ibid.

⁹ WHO. See list of decisions of the Conference of the Parties (COP) relevant to ENDS/ENNDS. <https://extranet.who.int/fctcapps/fctcapps/fctc/kh/legalchallenges/challenges-measures-which-regulate-novel-and-emerging-tobacco-and>.

¹⁰ WHO FCTC. Decisions of the Conference of the Parties. <https://fctc.who.int/who-fctc/governance/conference-of-the-parties/decisions-of-the-conference-of-the-parties-to-the-who-fctc>.

Introduction

The WHO FCTC

- The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalisation of the tobacco epidemic, which has taken place since the 20th century.
- The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.
- The WHO FCTC entered into force on 27 February 2005.
- The Bahamas ratified the WHO FCTC on 3 November 2009.
- The objective of the WHO FCTC is “*to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke*”. The Convention asserts the importance of demand-reduction measures as well as supply-side strategies to achieve this end, and Parties are encouraged to implement measures beyond those required by the treaty.
- The Conference of the Parties (COP) is the decision-making body of the WHO FCTC. The Convention Secretariat was established as a permanent body to support the implementation of the Convention in accordance with Article 24 of the WHO FCTC.

The Needs Assessment exercise

- The Needs Assessment is an exercise undertaken jointly with a government to identify gaps and opportunities for implementing and strengthening WHO FCTC, as well as identifying resources available to the Party for implementation. The Needs Assessment considers all substantive articles of the WHO FCTC to establish a baseline of needs.
- The Government of The Bahamas through its Ministry of Health and Wellness (MoHW) requested that the Convention Secretariat conduct a Needs Assessment exercise to track progress of implementation of the WHO FCTC, identify gaps and challenges, and provide recommendations. A Needs Assessment mission comprised of the Convention Secretariat, PAHO/WHO, and the Ministry of Health and Wellness (MOHW) was undertaken in The Bahamas over 6-9 May 2024 which included meetings with stakeholders within the health sector, relevant government ministries, civil society and the UN to review the status of WHO FCTC implementation.

Key facts on tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality in The Bahamas

Global Youth Tobacco Survey (GYTS) 2013

The fieldwork for the latest Global Youth Tobacco Survey (GYTS) conducted among students aged 13-15 was last undertaken in The Bahamas over October to November 2023, and the results will be published later in 2024. Currently, the last available GYTS results are from 2013.¹¹ The GYTS survey 2013 found that **12.6% of students (16.1% of boys, and 8.4% of girls) currently used any tobacco products**; 10.7% of students (13.8% of boys, and 6.9% of girls) currently smoked tobacco; 3.8% of students (4.6% of boys, and 2.6% of girls) currently smoked cigarettes; and 2.8% of students (4.0% of boys, and 1.6% of girls) currently used smokeless tobacco. The gap between tobacco use prevalence between female and male students is smaller than among adults, showing that tobacco is becoming more attractive for younger women. In relation to secondhand smoke, **29.9% of students reported being exposed to tobacco smoke at home**; and **40.9% of students reported being exposed to tobacco smoke inside enclosed public places**.

Prevalence of use among students aged 13-15 from GYTS 2013¹²

	Current tobacco use	Current tobacco smoking	Smokeless tobacco use
Male	16.1%	13.8%	4.0%
Female	8.4%	6.9%	1.6%
Total	12.6%	10.7%	2.8%

STEPS

The STEPS¹³ survey 2019 surveyed adults aged 18-69 in relation to tobacco use. It found that **tobacco use among adults was 17.5%: 3.7% among females, and 32.5% among males**. In the adult population, tobacco smoking is the predominant form of tobacco use, with tobacco smoking prevalence at 17.4% among both sexes; with smokeless tobacco use at 0.5%. Notably, in The Bahamas males smoke at a rate around ten times that of women.

The Bahamas STEPS survey 2019 compared tobacco use prevalence in The Bahamas with other countries in the region, finding: *“There are only five (5) countries in the Region of the Americas with higher current tobacco smoking prevalences than The Bahamas – United States (20.3), Argentina (21.9), Uruguay (22.5), Cuba (27.8) and Chile (49.0).”* The report further highlighted that: *“Although tobacco use trends are decreasing in 150 countries around the globe, in The Bahamas tobacco use is an increasing trend – rising by 145% over the almost*

¹¹ WHO. Global Youth Tobacco Survey, Bahamas, 2013.

<https://extranet.who.int/ncdsmicrodata/index.php/catalog/358/related-materials>.

¹² Ibid.

¹³ The WHO STEPwise approach to surveillance (STEPS) is an internationally comparable, standardised and integrated surveillance tool through which countries can collect, analyse and disseminate core information on noncommunicable diseases (NCDs).

twenty-year period from 2000 (7.1%) to 2019 (17.4%). This current tobacco smoking prevalence also exceeds the regional average of 16.8%.”¹⁴

Prevalence of tobacco use among adults aged 18-69 from 2019 STEPS survey: ¹⁵

	Current tobacco use	Current tobacco smoking	Smokeless tobacco use
Male	32.5%	32.4%	0.1%
Female	3.7%	3.6%	0.1%
Total	17.5%	17.4%	0.1%

Tobacco control milestones in The Bahamas

Year

2004

The Bahamas signed the WHO FCTC on 29 June 2004.

2009

The Bahamas ratified the WHO FCTC on 3 November 2009.

¹⁴ The Government of The Bahamas. Bahamas STEPS 2019 Report: Non-communicable Diseases and Risk Factors in the Bahamian Society. <https://www.bahamas.gov.bs/wps/wcm/connect/cb064c38-7c0b-41c2-b812-986ab18d02ab/STEPS+VOL+1+eBook+%5BFinal%5D.pdf?MOD=AJPERES>.

¹⁵ Ibid.

The Needs Assessment and methodology

The Government of The Bahamas through its Ministry of Health and Wellness (MoHW) requested that the Convention Secretariat conduct a Needs Assessment exercise to track progress of implementation of the WHO FCTC, identify gaps and challenges, and provide recommendations.

A desk review of relevant information for the Needs Assessment exercise was conducted jointly by The Bahamas MoHW, PAHO/WHO, and the Convention Secretariat in December 2023. This included the initial analysis of the status, challenges and potential needs deriving from the country's WHO FCTC implementation reports and other sources of information. An international team led by the Convention Secretariat and including representatives from the PAHO/WHO Regional Office and The Bahamas PAHO/WHO Country Office undertook a four-day mission to The Bahamas from 6 to 9 May 2024.

This Needs Assessment report presents an article-by-article analysis of the progress that The Bahamas has made in the implementation of the WHO FCTC, gaps that were identified, and the recommendations for subsequent actions that can be taken for The Bahamas to fully implement the Convention. The key elements that need to be put in place to enable The Bahamas to fully meet its obligations as a Party to the WHO FCTC are detailed in this report.

Status of implementation, gaps, and recommendations

This core section of the report follows the structure of the WHO FCTC, reflecting the status of implementation in The Bahamas. Specifically, this section:

- Details the requirements of each of the substantive articles of the WHO FCTC;
- Offers a review of the stage of implementation of each article of the WHO FCTC;
- Outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by The Bahamas;
- Provides recommendations on how gaps identified can be addressed, with a view to supporting the country to meet its obligations under the WHO FCTC.

The Bahamas signed the WHO FCTC on 29 June 2004 and ratified it on **3 November 2009**. It has been fifteen (15) years since the country's ratification.

Article 2. Relationship between this Convention and other agreements and legal instruments

Article 2.1 of the WHO FCTC, to better protect human health, encourages Parties “*to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law*”. A decision taken during WHO FCTC COP10 (February 2024) related to Article 2.1 established an expert group on tobacco control measures that are forward-looking and could be contemplated within the scope of Article 2.1.¹⁶ A report of the expert group will be made available to COP11 (2025).

¹⁶ WHO FCTC. FCTC/COP10(12): Forward-looking tobacco control measures (in relation to Article 2.1 of the WHO FCTC). February 2024. <https://storage.googleapis.com/who-fctc-cop10-source/Decisions/fctc-cop-10-12-en.pdf>.

As well as not fully implementing the WHO FCTC to date, The Bahamas has not implemented any measures that go beyond those required by the Convention. The Bahamas has missed each of the deadlines for implementation of the timebound measures in the WHO FCTC, specifically those relating to (i) protection from exposure to tobacco, (ii) packaging and labelling of tobacco products, and (iii) tobacco advertising, promotion and sponsorship (TAPS).

In relation to protection from exposure to tobacco smoke (Article 8 of the WHO FCTC), the implementation guidelines provide that Parties should adopt effective protection measures in (i) indoor workplaces, (ii) indoor public places, (iii) public transport, and, (iv) as appropriate, in other public places **within five years** of the WHO FCTC's entry into force for that Party. Further, Article 11 of the WHO FCTC mandates Parties to adopt and implement effective measures to prohibit misleading tobacco packaging and labelling; and to ensure that tobacco product packages carry large, clear, rotating health warnings and messages that cover at least fifty per cent the package **within three years** after entry into force of the WHO FCTC. Moreover, Article 13 of the WHO FCTC mandates that Parties undertake a comprehensive ban on all TAPS **within five years** of the treaty's entry into force in their country.

With these considerations, The Bahamas having ratified the WHO FCTC in November 2009 should have had the requisite requirements in place for packaging and labelling of tobacco products by February **2013**; and 100% smoke-free indoor spaces, and a comprehensive ban on TAPS by February **2015**.

It is recommended that the Government of The Bahamas, while working on meeting the obligations under the WHO FCTC (especially time-bound measures), consider tobacco control measures that go beyond the minimum requirements of the Convention for implementation.

Article 2.2 of the WHO FCTC clarifies that the Convention does not affect “*the right of Parties to enter into bilateral or multilateral agreements... on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat*”.

No information on agreements that might have an influence on implementation of the Convention has been provided by The Bahamas.

It is recommended that the Ministry of Foreign Affairs and other relevant government departments review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the WHO FCTC. Furthermore, if such agreements have been identified, it is recommended that the Government of The Bahamas communicate them to the Convention Secretariat either as part of their next WHO FCTC implementation report or independently.

Article 4. Guiding Principles

The Preamble of the Convention emphasises “*the special contribution of nongovernmental organisations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international*

tobacco control efforts”. **Article 4.7** of the WHO FCTC recognises that “*the participation of civil society is essential in achieving the objective of the Convention and its protocols*”.

The involvement of civil society organisations (CSOs) in tobacco control initiatives in The Bahamas appears to be limited. The Needs Assessment found that while there is significant civil society support for tobacco control in The Bahamas, that support has not been converted into action. In The Bahamas, where the availability of smoking cessation services remains considerably limited, it is the Seventh Day Adventist (SDA) Church that runs the most prominent tobacco cessation programme called “*Breathefree2*”. The Healthy Bahamas Coalition (HBC), which serves as the national NCD Commission for The Bahamas, sits within the MoHW. The HBC, in concert with *Breathefree 2* conducts community-level sensitisation and awareness on the harms of tobacco and providing related training and material, and running an anti-vaping campaign. The HBC has limited reach into established CSOs such as Civil Society Bahamas and Organization for Responsible Governance. A reported barrier to tobacco control-related work of both organisations is limited human and financial resources.

Gap:

- The active involvement of civil society organisations in tobacco control in The Bahamas appears limited, even though there exists widespread support for tobacco control within the civil society space.

It is recommended that the Government of The Bahamas foster the engagement and participation of civil society, faith-based organisations and academia in tobacco control policy development and implementation, given that the participation of civil society is essential in achieving the objective of the Convention. Civil society should be encouraged to promote implementation of the WHO FCTC in a comprehensive manner, including through offering technical expertise, monitoring the tobacco industry, cooperating in enforcement, raising awareness, and assisting in the development and delivery of educational programmes, as relevant.

It is also recommended that CSOs/non-governmental organisations (NGOs) active in tobacco control or claiming such interest declare any conflict of interest relevant to Article 5.3 of the WHO FCTC.

Article 5. General obligations

Article 5.1 of the WHO FCTC calls upon Parties to “*develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention*”.

Currently, The Bahamas does not have a national tobacco control strategy, plan, or programme.

Gap:

- Absence of a national tobacco control strategy, plan, or programme in The Bahamas.

It is recommended that The Bahamas undertake the development of a comprehensive multisectoral national tobacco control strategy in line with the WHO FCTC, Global Strategy to Accelerate Tobacco Control 2019-2025 (a decision to extend it until 2030 was made during

last COP10)¹⁷ and the recommendations of the Needs Assessment.

It is also recommended that tobacco control be included in national plans and strategies relating to health and sustainable development.

Article 5.2(a) of the WHO FCTC calls on Parties to “*establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control*”.

There is no national tobacco control programme in The Bahamas. Policy action on tobacco control falls under MoHW’s Policy and Planning Unit. There is a Tobacco Control Focal Point within the Policy and Planning Unit. There is no formal national multisectoral coordinating mechanism. There is also no coordinated effort between MoHW and other government sectors and stakeholders to implement the WHO FCTC. Tobacco control initiatives are not conducted in a strategic manner.

Gap:

- The Bahamas currently does not have a multisectoral coordinating mechanism to guide the implementation of the WHO FCTC.

It is recommended that The Bahamas establish a multisectoral national coordination mechanism, involving all relevant government ministries and stakeholders with a clear mandate and regular high-level representation at the meetings. While the MoHW should take the lead in implementing the WHO FCTC and leading the multisectoral coordination mechanism, other relevant ministries should also designate focal points and allocate staff, time, and budget to support implementation of the Convention. Cooperation among authorities and policy coherence across health, finance, customs, and trade, among other areas, are crucial for implementing the Convention.

To ensure the effectiveness of the coordinating mechanism, it is recommended that a sustainable source of funding be provided and that the capacities of all its members, with regard to the WHO FCTC, be strengthened.

Consideration should also be given to how civil society can support or contribute to the work of the national coordinating mechanism.

Article 5.2(b) of the WHO FCTC calls on Parties to “*adopt and implement effective legislative, executive, administrative and/or other measures, and cooperate, as appropriate, with other Parties in developing appropriate policies, for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke*”.

In The Bahamas, there is no singular, comprehensive tobacco control legislation that gives effect, at the national level, to regulatory measures in line with the WHO FCTC mandates. There are, however, sporadic legal provisions, regulations and rules that pertain to tobacco control.

¹⁷ WHO FCTC. FCTC/COP10(15): Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025. February 2024. <https://storage.googleapis.com/who-fctc-cop10-source/Decisions/fctc-cop-10-15-en.pdf>.

During the in-country mission, concerns related to the increasing availability of vapes in the Bahamian market were repeatedly raised. Currently, The Bahamas does not regulate these products, thus allowing vaping products to be openly marketed and advertised in ways that appear to primarily target the youth population. Some countries such as Argentina, Brazil, Mexico, Suriname and Venezuela have banned the commercialisation of ENDS, while others are regulating ENDS using WHO FCTC-based measures, such as Barbados, Bolivia, Colombia, Costa Rica, Guyana, Jamaica, and Saint Lucia – both approaches in alignment with COP Decisions. The Bahamas should give consideration to advancing the recommendations in Decision FCTC/COP7(9) which invites Parties to consider applying regulatory measures (such as those referred to in document FCTC/ COP/7/11) to prohibit or restrict the manufacture, import, distribution, presentation, sale and use of ENDS, as appropriate to their national laws and public health objectives. Additional recommendations on regulating ENDS can be found in the 2023 WHO publication *Electronic cigarettes: Call to action*.¹⁸

There are no comprehensive legal measures that protect the population from exposure to tobacco smoke in alignment with Article 8 of the WHO FCTC. However, there are some regulations and rules, seemingly created for reasons related to safety rather than tobacco control, under various pieces of legislation that prohibit smoking in specified places and instances including in theatres, cinemas, aircraft, prisons, public markets, and spaces for the commercial preparation of food. These are detailed below under the Article 8 discussion.

Legal measures related to packaging and labelling of tobacco products that serve to warn people about the dangers of tobacco use and exposure to tobacco smoke, as required by Article 11 of the WHO FCTC, are not in place. There currently exists one legal provision related to packaging and labelling of tobacco products, which is not sufficient to meet WHO FCTC requirements, and for which implementation appears quite patchy. This is rule 3 of The *Health Services (Tobacco Advertising and Sales) Rules* [1977] which provides that:

“3. (1) No person shall import, sell, offer or expose for sale any cigarettes unless the cigarettes are contained in a package bearing a health hazard warning.

*(2) Any person who contravenes paragraph (1) commits an offence and shall be liable on summary conviction to a fine of one hundred dollars.”*¹⁹

While by virtue of The Bahamas’ *Health Services (Tobacco Advertising and Sales) Rules*, health warnings are mandated to be on cigarette packages, the warnings, when present, fail to meet the requirements of the WHO FCTC and its implementation guidelines, including the absence of specifications regarding size and location. The *Health Services (Tobacco Advertising and Sales) Rules* merely provide in rule 3 that: *“No person shall import, sell, offer or expose for sale any cigarettes unless the cigarettes are contained in a package bearing a health hazard warning.”*²⁰ Moreover, the law is limited in its application to only one type of tobacco product – cigarettes; and the fine for violation is very low at one hundred dollars (BSD/USD),²¹ which is likely not a strong disincentive. The WHO Manual for Developing Tobacco Control Legislation in the Region of the Americas recommends that *“Legislation*

¹⁸ WHO. Electronic cigarettes: Call to action. 14 December 2023. <https://www.who.int/publications/m/item/electronic-cigarettes---call-to-action>.

¹⁹ Campaign for Tobacco-Free Kids (CTFK). Tobacco Control Laws. Health Services (Tobacco Advertising and Sales) Rules. <https://assets.tobaccocontrollaws.org/uploads/legislation/Bahamas/Bahamas-Stat.-Law-Ch.-231-%C2%A729-native.pdf>.

²⁰ Ibid.

²¹ Ibid.

should provide a range of penalties that are sufficiently large to deter noncompliance”; and that the range of penalties should include not just fines but business or operating licensure suspension or revocation, confiscation and destruction of illicit products, and criminal penalties, if appropriate.²²

In addition, although The Bahamas has a national standard for the labelling of tobacco products (CRS 26:2013) based on the CARICOM regional standard developed by CARICOM Regional Organisation for Standards and Quality (CROSQ),²³ this standard is not legally binding and remains voluntary. Measures must be legally binding and enforceable for effectiveness. Voluntary measures such as these standards have proven ineffective because they offer only weak promises of compliance in the absence of threat of prosecution.²⁴

Notably, Rule 3 of the *Health Services (Tobacco Advertising and Sales) Rules* effectively prohibits the sale of single sticks of cigarettes by providing that cigarettes must legally be sold in a package.²⁵ A prohibition on single-stick sales decreases affordability of tobacco products, decreases youth access to tobacco products, and prevents the seller from removing the packaging of tobacco products in order to prevent the customer from being exposed to prescribed graphic health warnings. However, this ban on single stick cigarette sales requires strengthened mechanisms for monitoring compliance. The WHO FCTC sets out that Parties shall endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors. WHO recommends that legislation prescribe that all cigarettes be sold in an intact package containing not less than twenty sticks; and that any smokeless tobacco product or loose tobacco must be sold in an intact package containing not less than twenty grammes of the product.²⁶

There are no legal measures in The Bahamas aligned with Article 13 of the WHO FCTC which provides for a comprehensive ban on tobacco advertising, promotion and sponsorship (TAPS) to reduce the consumption of tobacco products. An existing law prohibits tobacco advertising only on national television and radio. The *Broadcasting (Licensing) Rules* [1993], rule 16. (1), provides that “*No advertisement for spirits or **tobacco products** shall be accepted for broadcast, but advertisements may be accepted for beer and wines.*”²⁷ However, tobacco can be advertised by other means (for example, in print, on outdoor media such as billboards or through electronic media) so long as the advertisement contains a warning in accordance with rule 2 (1) the *Health Services (Tobacco Advertising and Sales) Rules*, which provides in rule 2 (1) that:

²² Pan American Health Organization. Manual for Developing Tobacco Control Legislation in the Region of the Americas. 2013. <https://www.paho.org/en/documents/tobacco-control-legislation-manual>.

²³ CARICOM Regional Organisation for Standards and Quality (CROSQ). Standards Catalogue 2021-2023, See page 28, abstract for CRS 26:2012: Labelling of tobacco products including cigarettes. https://website.crosq.org/wp-content/uploads/2023/09/Standards_Catalog_2023_updated_September_6_2023.pdf.

²⁴ Pan American Health Organization. Manual for Developing Tobacco Control Legislation in the Region of the Americas. 2013. <https://www.paho.org/en/documents/tobacco-control-legislation-manual>.

²⁵ Campaign for Tobacco-Free Kids (CTFK). Tobacco Control Laws. Health Services (Tobacco Advertising and Sales) Rules. <https://assets.tobaccocontrolaws.org/uploads/legislation/Bahamas/Bahamas-Stat.-Law-Ch.-231-%C2%A729-native.pdf>.

²⁶ WHO FCTC. Guidelines for implementation of Article 11. <https://fctc.who.int/news-and-resources/publications/m/item/packaging-and-labelling-of-tobacco-products>.

²⁷ Campaign for Tobacco-Free Kids (CTFK). Tobacco Control Laws. Broadcasting (Licensing) Rules. <https://assets.tobaccocontrolaws.org/uploads/legislation/Bahamas/Bahamas-Broadcasting-Licensing-Rules-native.pdf>.

“No person shall advertise manufactured tobacco intended for smoking unless the advertisement includes a warning to the effect that tobacco smoking is dangerous to health.”²⁸

These Rules provide further in rule 2 (2) that:

“No person shall print, publish, reproduce or distribute any advertisement for manufactured tobacco intended for smoking unless the advertisement contains a warning which is clearly legible and reads as follows - “Warning - Tobacco smoking may cause heart disease or lung cancer among other diseases.”²⁹

In light of the current limited rules on TAPS in The Bahamas, the WHO FCTC obligations (Article 13 of the WHO FCTC) for a comprehensive ban on TAPS have not been met.

The *Child Protection Act* intended to ban the sale of tobacco products to minors (persons under age 18), but it appears that a drafting error may have militated against the creation of the criminal offence of selling tobacco products to a minor. To elaborate, an examination of section 62 is required. Section 62 of *Child Protection Act* provides that:

“62 (3) Any adult who gives, or causes to be given, or sells or causes to be sold, to any child any intoxicating liquor, except upon the order of a duly qualified medical practitioner for the purpose of treating sickness, or in case of other urgent cause, shall be deemed to have ill-treated that child in a manner likely to cause injury to the child's health.

*(4) An owner or operator of an establishment that sells or serves intoxicating liquor or **tobacco products** shall not be guilty of an offence under subsection (3) if he proves to the satisfaction of the court that at the time of such sale he took all reasonable steps to ascertain and reasonably believed that the person to who the intoxicating liquor or tobacco product was sold was not a child.”*

Reference is made in section 62(4) to a prohibition being created under subsection (3) regarding selling a tobacco product to a minor. However, the words “*tobacco product*” are noticeably absent from subsection (3) and, therefore, while the intention to create the offence is clear, the inadvertent omission of “*tobacco products*” from subsection (3) leaves its creation ambiguous. This law should be amended to make it clear that it is a crime to sell tobacco products to minors. The impact of the omission is that children are insufficiently protected.

In addition to prior citations of national law related to tobacco, there exists provisions in the *Business License Act (2023)* and the *Excise Stamp (Tobacco Products) Control Act (2013)*. The *Business License Act, 2023* lists tobacco as a restricted good under its “*List of Restricted Goods*” in the First Schedule. This Act also provides in section 31 that minors (persons under the age of 18) must not to be employed in direct sale of restricted goods, and that it is an offence for a licensee or other taxable person to contravene this law. Therefore, it is a criminal offence to employ a minor to sell tobacco, punishable by a fine not exceeding ten thousand dollars upon conviction in accordance with section 57 (10) of the Act.

²⁸ Campaign for Tobacco-Free Kids (CTFK). Tobacco Control Laws. Health Services (Tobacco Advertising and Sales) Rules. <https://assets.tobaccocontrollaws.org/uploads/legislation/Bahamas/Bahamas-Stat.-Law-Ch.-231-%C2%A729-native.pdf>.

²⁹ Ibid.

Under section 3 of the *Excise Stamp (Tobacco Products) Control Act, 2013*, only an excise registrant in possession of a valid excise registration certificate issued in accordance with this Act shall import into or manufacture tobacco products in The Bahamas, except where:

- products are imported for personal use in quantities not in excess of the limits for duty-free entry prescribed by the regulations;
- such products are manufactured by an individual in quantities within the limits prescribed by the regulations for personal use;
- being a visitor to The Bahamas, such person has made an oral declaration to an Excise officer of accompanying tobacco products and, where such products are in excess of the duty-free allowance, completed an ‘Accompanied Baggage Declaration’ in the form prescribed by the regulations;
- being a returning resident to The Bahamas, such person has made a written declaration and completed an ‘Accompanied Baggage Declaration’ in the form prescribed by the regulations;
- the imports fall within the privileges and immunities accorded to a diplomatic agent, embassy or consulate under the *Diplomatic Privileges and Immunities Act*;
- such person is a small importer and the imported products are within the limits prescribed in the definition of “*small importer*” set out in section 2.

Further, section 3(2) of the *Excise Stamp (Tobacco Products) Control Act, 2013*, provides that a separate excise registration certificate shall be required in respect of each premises in or from which a person imports or manufactures tobacco products.

Gap:

- With the exception of tax measures, The Bahamas has not made notable progress in relation to implementation of the tobacco control measures set out in the WHO FCTC.

It is recommended that The Bahamas advance, through its legislative process, the Tobacco Control Bill that was first drafted in 2014 and re-drafted in 2019. Notwithstanding the drafts, The Bahamas is encouraged to review the draft to ensure alignment with the obligations in the WHO FCTC and to ensure that novel tobacco and nicotine products are included. Bringing together tobacco control legislation into one comprehensive Tobacco Control Act would make compliance-building easier.

Article 5.3 of the WHO FCTC stipulates that in setting “*public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry*”.

A resolution made by the World Health Assembly in 2001, citing the findings of the Committee of Experts on Tobacco Industry Documents, states that “*the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic.*”³⁰ The Preamble of the WHO FCTC recognises that Parties “*need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the*

³⁰ WHO. 54th World Health Assembly. Resolution WHA54.18: Transparency in tobacco control process. May 2001. https://apps.who.int/gb/archive/pdf_files/WHA54/ea54r18.pdf.

tobacco industry that have a negative impact on tobacco control efforts". In fact, the most reported implementation barrier by Parties continues to be interference by the tobacco industry and those working to further its interests. Challenges include interference by the tobacco industry with the policy-making process, primarily through non-health sectors and litigation.³¹

The WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 5.3 remind Parties that any government branch (executive, legislative and judiciary) should be accountable for protecting those policies from the interference of the tobacco industry and that the guidelines aim *"at protecting against the interference not only of the tobacco industry, but also, as appropriate, by organisations and individuals that work to further the interests of the tobacco industry"*. There are four principles expressed in the guidelines that support the provisions of Article 5.3 of the WHO FCTC. These principles are:

- Principle 1: There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests.
- Principle 2: Parties, when dealing with the tobacco industry or those working to further its interests, should be accountable and transparent.
- Principle 3: Parties should require the tobacco industry and those working to further its interests to operate and act in a manner that is accountable and transparent.
- Principle 4: Because their products are lethal, the tobacco industry should not be granted incentives to establish or run their businesses.³²

Recent experiences with consultation in The Bahamas on proposed tobacco control legislation were shared with the Needs Assessment team, and it was made clear that the tobacco industry operates actively in the country. To date, no progress has been made on the tobacco control legislative proposals.

Gaps:

- There are no policies in place to limit interactions between government stakeholders and the tobacco industry, or to ensure transparency where interactions occur.
- There is limited awareness of Article 5.3 of the WHO FCTC and the WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 5.3 within relevant government ministries and sectors.

It is recommended that The Bahamas scale up action to protect the country's public health policies from the commercial and other vested interests of the tobacco industry. The Bahamas is encouraged to review current policies in light of the specifics set out in the WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 5.3, and then address outstanding gaps by implementing the recommendations made. Attention should also be given to ensuring policy coherence across government policymaking to prioritise public health and WHO FCTC implementation.

It is also recommended that awareness should be raised among all sectors and branches of government, including judiciary, legislative and executive, about the risks and implications

³¹ WHO FCTC. FCTC/COP/10/4: Global progress in implementation of the WHO FCTC – Report by the Convention Secretariat. July 2023. <https://storage.googleapis.com/who-fctc-cop10-source/Main%20documents/fctc-cop10-4-en.pdf>.

³² WHO FCTC. Guidelines for implementation of Article 5.3. <https://fctc.who.int/publications/m/item/guidelines-for-implementation-of-article-5.3>.

of industry interference in tobacco control and to build compliance with Article 5.3 of the WHO FCTC and its guidelines for implementation.

Article 5.4 of the WHO FCTC calls on Parties to “*cooperate in the formulation of measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties*”.

The Bahamas participates in the Conference of the Parties (COP) to the WHO FCTC.

It is recommended that The Bahamas continue to cooperate and participate actively in such intergovernmental processes that will support the global and national implementation of the Convention and other instruments adopted by the COP. The Bahamas is encouraged to consider participation in relevant working or expert groups when established by the COP.

Article 5.6 of the WHO FCTC calls on Parties to “*within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms.*”

The Needs Assessment provides an overview of gaps and recommendations for priority actions for WHO FCTC implementation. The Needs Assessment can serve as the basis for future budgetary allocations, or requests to international and regional intergovernmental organisations for technical or financial assistance towards tobacco control.

It is recommended that The Bahamas consider seeking opportunities to raise financial resources for the effective implementation of the WHO FCTC through bilateral and multilateral funding mechanisms, in line with its obligations under Article 5.6.

Article 6: Price and tax measures

In ***Article 6.1*** of the WHO FCTC, the Parties recognise that “*price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons*”.

Article 6.2(a) of the WHO FCTC stipulates that each Party should take account of its national health objectives concerning tobacco control in implementing “*tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption*”.

According to the WHO, raising excise taxes is the single most effective and cost-effective measure to reduce consumption of tobacco products.³³ The evidence shows that a tax increase that causes prices to go up by 10% reduces consumption by 4% in high-income countries and 5% in low- and middle-income countries.³⁴ Raising taxes on tobacco products increases their price, making them less affordable. Consequently, people with the least money to spend, including young people, tend to gain the greatest health and economic benefits from effective tax policies. Additionally, taxes on tobacco are beneficial in that they contribute to government

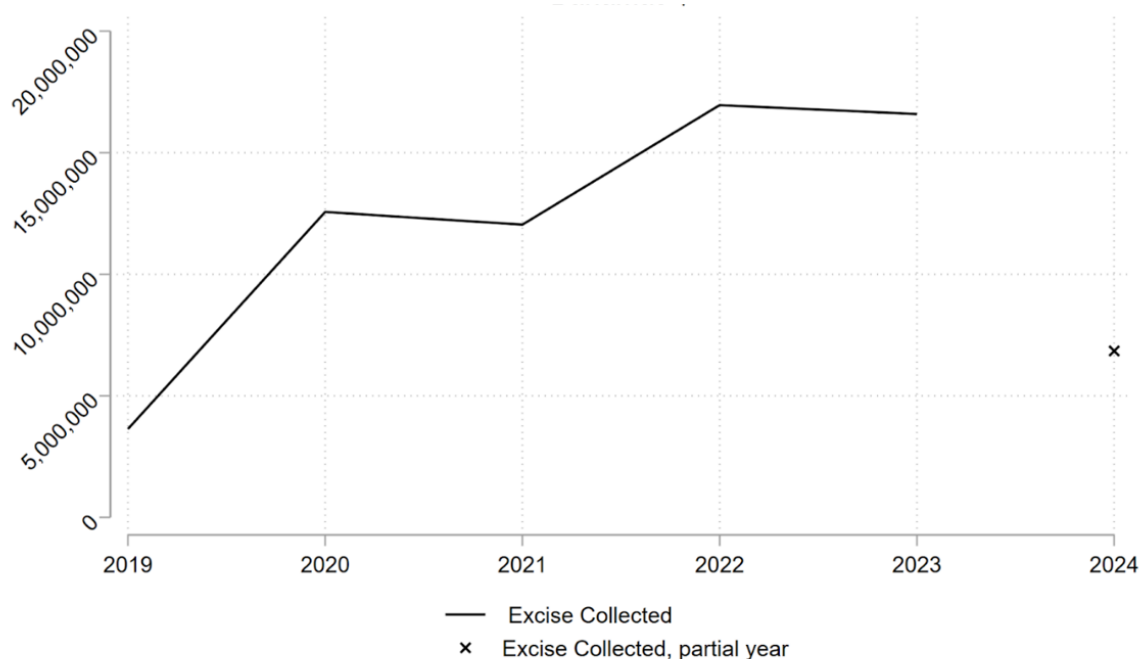
³³ WHO. Raising taxes on tobacco. <https://www.who.int/activities/raising-taxes-on-tobacco>.

³⁴ WHO. WHO Technical Manual on Tobacco Tax Policy and Administration. 12 April 2021. <https://www.who.int/publications/i/item/9789240019188>.

revenue. Countries where the most-sold brand of cigarettes has a total tax that is equal to or greater than 75% of the retail price are at the highest level of achievement.

Tobacco tax revenues for The Bahamas is set out in the chart below. Tax revenue was lower in 2019, when two large tobacco importers left the market. Tobacco tax revenues have been growing since 2019, partly driven by increases in the excise tax rates applied on tobacco products in 2022.

Tobacco excise tax revenue from imports– The Bahamas, 2019-2024 (in BSD)³⁵



The WHO's data for The Bahamas as of 31 July 2022 (in relation to the price of premium brand cigarettes) show that the tax inclusive retail sales price (TIRSP) for a pack of 20 cigarettes was USD13.50. In terms of affordability in The Bahamas, the percentage of GDP *per capita* required to purchase 100 packs (or 2000 cigarettes) of the most sold brand of cigarettes (the higher the %, the less affordable) was 3.66%. The WHO *Report on the Global Tobacco Epidemic 2023* indicates that **the total tax share for Bahamas is 53.6%, below the 75% share recommended by WHO.**³⁶ However, this represents an increase from the prior year's total tax share of 43.21%, and reflects the increase in the specific excise tax rate on cigarettes from \$USD 0.15/stick to \$USD 0.25stick in 2022.³⁷ The *Tobacconomics Cigarette Tax Scorecard* scores cigarette tax policy performance in 160 countries on a five-point scale using

³⁵ Chart summarizes aggregate imported tobacco excise tax revenue across all tariff codes from 2019-2023, with partial data shown for 2024. These data only represent imported tobacco products. The Ministry of Finance has noted that in 2019, two large tobacco importers left the market, which may account for the low imported tobacco excise tax revenue reported in 2019.

³⁶ WHO. WHO report on the global tobacco epidemic, 2023: Protect people from tobacco smoke.

<https://www.who.int/publications/i/item/9789240077164>.

³⁷ WHO. Report on Tobacco Control for the Region of the Americas 2022 – Country profiles.

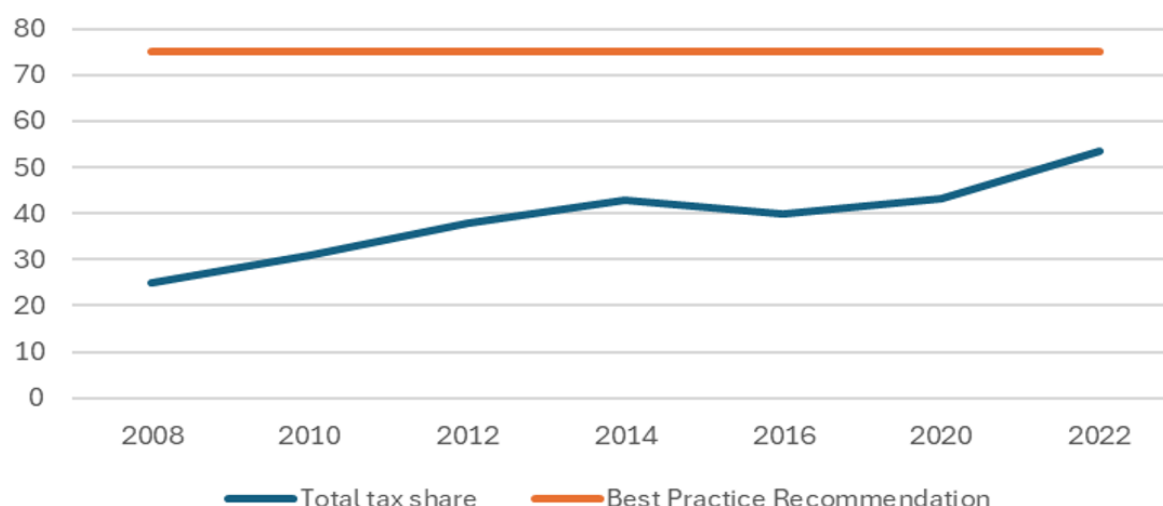
https://iris.paho.org/bitstream/handle/10665.2/56409/PAHONMHRF220024_eng.pdf?sequence=1&isAllowed=y. Also see:

WHO. WHO report on the global tobacco epidemic, 2023: Protect people from tobacco smoke.

<https://www.who.int/publications/i/item/9789240077164>.

WHO data, providing policy makers with an actionable assessment of their country's cigarette tax policy. The 3rd edition of the Scorecard in 2022 scored The Bahamas at 2.75 out of 5.³⁸

Total tax share (proportion of the retail price of a pack of the most-sold brand of cigarettes that can be attributed to all taxes) - The Bahamas, 2008-2022³⁹



According to *WHO Report on the Global Tobacco Epidemic, Country Profile Bahamas, 2023*, as set out in the table below, taxes on the most sold brand of cigarettes in The Bahamas amounts to 53.6%, being the sum of 42.37% specific tax, 9.09% value added tax, and 2.12% other taxes.⁴⁰

Taxes on the most sold brand of cigarettes (WHO estimates for 2023)⁴¹

<i>Prices and taxes of most sold brand of cigarettes (standardised to a pack of 20)</i>	
In currency reported by country	BSD 11.80
In international dollars (purchasing power parity adjusted)	14.55
<i>Taxes on this brand (% of retail price)*</i>	
Total taxes	53.58%
Specific excise	42.37%
Ad valorem excise	0.00%
Value added tax (VAT) or sales tax	9.09%
Import duty	0.00%
Other taxes	2.12%

³⁸ University of Illinois at Chicago. 3rd Edition Tobacconomics Cigarette Tax Scorecard. 2024.

<https://tobacconomics.org/research/cigarette-tax-scorecard-3rd-edition/>.

³⁹ The total tax share refers to the proportion of the retail price of a pack of the most-sold brand of cigarettes that can be attributed to all taxes (ie, excise taxes, import taxes, value added tax, etc). To meet best-practice recommendations, the WHO recommends that the total tax share should be 75% or higher.

⁴⁰ WHO. WHO report on the global tobacco epidemic, 2023, Country profile, Bahamas.

https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_bahamas.pdf?sfvrsn=46716365_5&download=true.

⁴¹ Ibid.

While all tobacco products in The Bahamas must bear an excise stamp that indicates the appropriate taxes have been paid, the Needs Assessment team found cigarettes for sale in local shops that did not carry any excise stamps.

Cigarette packs for sale in a local store – Nassau (May 2024)



Gap:

- Currently the tobacco product taxation level is not at the recommended best-practice level. The Bahamas's total tax share of the retail price of cigarettes is 53.6%, which is below the level of 75% considered in the *WHO Report on the Global Tobacco Epidemic* as the highest level of achievement.

It is recommended that The Bahamas continue to raise the specific excise tax on cigarettes and cigars regularly, and introduce automatic adjustments to take into account increases in consumer prices (i.e., inflation) and household incomes, to continue to reduce the affordability of tobacco products. The Bahamas should aim to ensure that excise taxes account for at least 70% of retail price, as recommended in the WHO Technical Manual on Tobacco Tax Policy and Administration⁴² and reflected in the WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 6 and that the total tax share should be 75%.⁴³

Based on the assumption that the non-tax component of retail prices remained stable, the price of the most sold brand would have to increase to \$21.91 and the price of the most sold

⁴² World Health Organization (WHO). WHO Technical Manual on Tobacco Tax Policy and Administration. 12 April 2021. <https://www.who.int/publications/i/item/9789240019188>.

⁴³ WHO FCTC. Guidelines for implementation of Article 6. <https://fctc.who.int/publications/m/item/price-and-tax-measures-to-reduce-the-demand-for-tobacco>.

premium brand would have to increase to \$25.07 to achieve the 75% total tax share threshold recommended by WHO, based on 2024 prices.⁴⁴

In addition, there is an opportunity to transition from ad valorem taxes to specific taxes on other tobacco products (e.g. heated tobacco products) and to continue to raise these rates as well. Specific excise taxes are preferable from a health perspective because they lead to higher prices and smaller price differences across brands, supporting reduced overall tobacco usage.

The Bahamas is also encouraged to consider allocating a percentage of total taxes to the national tobacco control programme to ensure the sustainability of tobacco control activities in the country.

Article 6.2(b) of the WHO FCTC requires Parties to prohibit or restrict, “as appropriate, sales to and/or importations by international travellers of tax and duty-free tobacco products”.

The Bahamas has neither banned sales of duty-free cigarettes nor the importation by international travellers of tax-free tobacco products. The Bahamas Customs Department Accompanied Baggage Declaration Form states that the duty-free allowance for tobacco is “tobacco not exceeding one pound in weight or 200 cigarettes 50 cigars” and applies to adults only.

Given that The Bahamas receives approximately 10 million tourists each year, most arriving on cruise ships, it is likely that there is a significant amount of duty-free tobacco passing through the country. It is unclear whether this duty-free tobacco finds its way into the domestic supply chain. It is also unclear whether tourists are buying tobacco in shops when they arrive or continue to purchase tobacco on cruise ships.⁴⁵

The Needs Assessment team was also informed by the Ministry of Finance that local tobacco product manufacturers can benefit from duty free incentives on raw material (tobacco leaves) and machinery.

It is recommended that consideration be given to prohibiting or further restricting, where appropriate, duty-free tobacco products for international travellers (including citizens returning from abroad).

Article 6.3 of the WHO FCTC requires that Parties shall “provide rates of taxation for tobacco products and trends in tobacco consumption in their periodic reports to the Conference of the Parties, in accordance with Article 21”.

The Bahamas has not provided this information in its two-year reports and has therefore not met the obligations under Article 6.3.⁴⁶

⁴⁴ These prices are provided only as an indication, especially because we do not know how manufacturers and/or retailers might respond to tax rate increases (for example, they may respond in ways that undermine the assumptions made in calculating the figures).

⁴⁵ The Bahamas Ministry of Tourism, January 2023 Preliminary, Foreign Arrivals by First Port of Entry. <https://www.tourismtoday.com/sites/default/files/docs/Bahamas%20Visitor%20Arrivals%202023%20%2811%29.pdf>.

⁴⁶ WHO FCTC, Decision FCTC/COP10(19): Improving the reporting system of the WHO FCTC, February 2024. <https://storage.googleapis.com/who-fctc-cop10-source/Decisions/fctc-cop-10-19-en.pdf>.

It is recommended that The Bahamas provide such information in regular WHO FCTC implementation reporting, as decided by the COP.

Article 8: Protection from exposure to tobacco smoke

Article 8.2 of the WHO FCTC requires Parties to “*adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and as appropriate, other public places.*”

The WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 8 emphasise that “*there is no safe level of exposure to tobacco smoke*” and call on each Party to “*strive to provide universal protection within five years of the WHO Framework Convention’s entry into force for that Party*”.

In The Bahamas, there are no legal measures that protect the population from exposure to tobacco smoke in alignment with Article 8 of the WHO FCTC. There are some regulations and rules created for safety purposes under various pieces of legislation that prohibit smoking in specified places and instances including in theatres, cinemas, aircraft, prisons, public markets, and spaces for the commercial preparation of food as follows:

- The *Theatres and Cinemas (General) Regulations* [1976], regulation 9. (1) and (2): “*No person shall smoke within the enclosure, film room or in any other part of licensed premises in which films are stored, wound or repaired*”, and also a requirement that licensees “*post [within those aforementioned spaces] notices stating that smoking is prohibited*”.⁴⁷
- The *Civil Aviation (Safety) Regulations*, 2001, regulations 7.190, 10.287 (e) and (f), and 22 which provide that – 7.190: aircraft with approved passenger seating configuration of more than nine passengers must have at least one passenger information sign notifying that smoking is prohibited; 10.287: (e) “*No person may smoke while the no-smoking sign is lighted*”, (f) “*No person may smoke in any aircraft lavatory*”; and 22: “*No smoking shall be permitted on the ramps or aircraft marshalling area, or at any place on the airport within two hundred feet of any aircraft*”.⁴⁸
- The *Public Markets and Slaughterhouses Rules* [1952], rule 7: “*No smoking shall be allowed in any part of the market premises covered by a roof*”.⁴⁹
- Schedule 7.2 (1) of the *Food (Seafood Processing and Inspection) Regulations* provides that “*All persons working in direct contact with food, food-contact surfaces, and food-packaging materials shall conform to hygienic practices while on duty to the extent necessary to protect against contamination of food. The methods for maintaining cleanliness apply to all visitors to the processing areas and include, but are not limited to ... (i) confining the eating of food, spitting, chewing of gum, drinking and use of*

⁴⁷ Campaign for Tobacco-Free Kids (CTFK). Tobacco Control Laws. Theatres and Cinemas (General) Regulations [1976]. <https://assets.tobaccocontrolaws.org/uploads/legislation/Bahamas/Bahamas-Theatres-Cinemas-Regs-native.pdf>.

⁴⁸ Civil Aviation (Safety) Regulations, 2001. <https://www.global-regulation.com/law/the-bahamas/11723754/civil-aviation-%2528safety%2529-regulations.html>.

⁴⁹ Campaign for Tobacco-Free Kids (CTFK). Tobacco Control Laws. Public Markets and Slaughterhouses Rules. <https://assets.tobaccocontrolaws.org/uploads/legislation/Bahamas/Bahamas-Mkts.-Slaughterhouse-Rules-native.pdf>.

*tobacco to areas other than where food may be exposed or where equipment or utensils are washed”.*⁵⁰

There are some premises in the private and public sector in The Bahamas that have implemented, by choice, institution-level smoke-free policies, including the MoHW.

Gap:

- There is no legal requirement for indoor public places and workplaces, and public transportation to be completely smoke-free, in accordance with WHO FCTC Article 8.

It is recommended that The Bahamas enact and implement legal requirements for all indoor public places and workplaces, and public transportation to be completely smoke-free in accordance with Article 8 of the WHO FCTC and the WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 8. These legal requirements should also cover no-smoking signage and penalties for non-compliance.

The implementation of smoke-free laws should also include a supportive compliance building campaign to inform businesses and the general public about the rules, and to remind about the hazards of secondhand smoke.

Article 9 on Regulation of the contents of tobacco products, and Article 10 on Regulation of tobacco product disclosures

Article 9 of the WHO FCTC requires Parties to “adopt and implement effective legislative, executive and administrative or other measures” for the testing and measuring of the contents and emissions of tobacco products, and for the regulation of these contents and emissions.

The WHO Framework Convention on Tobacco Control: partial guidelines for the implementation of Articles 9 and 10 adopted by the COP state that regulation of the contents and emissions of tobacco products has the potential to contribute to reducing tobacco attributable disease and premature death by reducing the attractiveness of tobacco products, reducing their addictiveness (or dependence liability) or reducing their overall toxicity.⁵¹

Regarding product regulation, the WHO Framework Convention on Tobacco Control: partial guidelines for the implementation of Articles 9 and 10 recommend:⁵²

- Prohibiting or restricting ingredients that may be used to increase the palatability of tobacco products;
- Prohibiting or restricting ingredients that have colouring properties (except those used for tax marking and for health warnings);
- Prohibiting ingredients in tobacco products that may create the impression that they have a health benefit; and

⁵⁰ Food and Agriculture Organization of the UN (FAO). Food (Seafood Processing and Inspection) Regulations, 2002. <https://www.fao.org/faolex/results/details/en/c/LEX-FAOC078752/>.

⁵¹ WHO FCTC. Partial guidelines for implementation of Articles 9 and 10 WHO FCTC. <https://fctc.who.int/publications/m/item/regulation-of-the-contents-of-tobacco-products-and-regulation-of-tobacco-product-disclosures>.

⁵² Pan American Health Organization. Manual for Developing Tobacco Control Legislation in the Region of the Americas. 2013. <https://www.paho.org/en/documents/tobacco-control-legislation-manual>.

- Prohibiting ingredients associated with energy and vitality, such as stimulant compounds.

The Needs Assessment team did not find any measures relating to regulating, testing and/or measuring the contents and emissions of tobacco products in The Bahamas.

Gaps:

- There are no laws regulating tobacco contents and emissions.
- There are no laws regarding testing and measuring of contents and emissions of tobacco products.
- No laboratories have been designated for testing tobacco products.

It is recommended that The Bahamas implement measures for the testing and measuring of the contents and emissions of tobacco products, and for the regulation of these contents and emissions. The WHO Framework Convention on Tobacco Control: partial guidelines for the implementation of Articles 9 and 10 should be reviewed, and implementation gaps addressed.

The Bahamas should regulate, by prohibiting or restricting, ingredients that may be used to increase palatability in tobacco products, such as menthol.

It is also recommended that the arrangements for testing be assessed, either by developing domestic testing capacity or utilising capable laboratories in the region. The tobacco industry should bear the costs of meeting testing requirements.

Article 10: Regulation of tobacco product disclosures

Article 10 of the WHO FCTC requires each Party to “adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities’ information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce”.

There are no legislative provisions in The Bahamas regarding testing and emissions or requiring tobacco manufacturers and importers to disclose information on the contents and emissions of tobacco products to the government.

It is recommended that The Bahamas legally require manufacturers and importers of tobacco products to disclose information about the contents and emissions of tobacco products, in accordance with the recommendations made in the WHO Framework Convention on Tobacco Control: partial guidelines for the implementation of Articles 9 and 10. In addition, legislation (or equivalent measures) should provide the Ministry of Health (or other appropriate authority) with broad authority to regulate tobacco products and their testing, and to require the disclosure of information about tobacco products to government authorities to enable effective regulation in accordance with the WHO FCTC and its implementation guidelines.

It is further recommended that The Bahamas facilitate public access to information submitted by the tobacco industry, including on contents and emissions.

Article 11: Packaging and labelling of tobacco products

Article 11 of the WHO FCTC requires each Party “*within a period of three years after entry into force of the Convention for the Party to adopt and implement... effective measures*” on packaging and labelling of tobacco products.

Article 11 is one of the time-bound articles of the WHO FCTC, which carries with it a deadline of three years for implementation of specific measures. The Bahamas’ deadline “*to adopt and implement... effective measures*” on packaging and labelling of tobacco products was 2013. Current legal requirements relating to health warnings for tobacco products in The Bahamas remain insufficient to meet the requirements set out in the WHO FCTC. The Needs Assessment team found evidence that even these deficient requirements are not being complied with or enforced. There are also national standards relating to labelling of tobacco products, but these are non-binding standards and not legal requirements imposed on the tobacco industry, hence they do not meet the requirements of the WHO FCTC.

Gap:

- Current legal requirements for health warnings on tobacco packaging do not comply with Article 11 of the WHO FCTC and WHO Framework Convention on Tobacco Control: guidelines for the implementation of Article 11.

The Bahamas should introduce legal requirements for effective health warnings on tobacco products’ packaging and labelling that at least meets the minimum requirements of Article 11 of the WHO FCTC and WHO Framework Convention on Tobacco Control: guidelines for the implementation of Article 11. The most effective health warnings are those that are graphic/pictorial in nature.

In addition, legal measures should be adopted to ensure that tobacco product packaging and labelling does not incorporate elements that could promote a tobacco product by any means that are false, misleading, deceptive, or likely to create an erroneous impression about the product’s characteristics, health effects, hazards, or emissions. Additionally, packaging and labelling should contain information on relevant constituents and emissions of tobacco products as defined by national authorities.

The Bahamas could also consider introducing plain packaging to prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and style. Plain packaging also assists in making health warnings more prominent on the pack.

Information about tobacco cessation could also be included on tobacco packaging, such as the contact details for a national quitline once it is established.

Article 12: Education, communication, training and public awareness

Article 12 of the WHO FCTC requires that “*each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote*” education, communication, and public awareness about the health, economic and environmental

consequences of tobacco consumption and exposure to tobacco smoke, the benefits of tobacco cessation and tobacco-free lifestyles, as well as training to all concerned professionals and persons; and public access to information on the tobacco industry.

The *WHO Report on the Global Tobacco Epidemic, 2023* confirms that there were no anti-tobacco mass media campaigns in The Bahamas between the period 1 July 2020 and 30 June 2022.⁵³ The Needs Assessment team learned that, although budgetary allocations exist and can be made available for communication efforts, there is no explicit budget within the MoHW to launch an effective tobacco control-related mass media campaign; and budgets tend to be targeted for other prioritised endeavours. The MoHW communications team met with the Needs Assessment team and indicated its readiness to undertake tobacco control communications activities.

The Needs Assessment team was informed that some awareness raising activities on the harms of tobacco use have been carried out in schools by The Bahamas National Drug Council, and in communities by the Healthy Bahamas Coalition.

According to the 2013 GYTS, 52.2% of students (55.1% of boys and 49.1% of girls) reported noticing anti-tobacco messages in the media, and 32.2% of students (33.4% of boys and 30.5% of girls) indicated noticing anti-tobacco messages at sporting and community events, 40.7% of students (47.3% of boys and 33.1% of girls) indicated that they were taught about the dangers of tobacco use in school in the past 12 months. This data highlights the importance of observing the means through and extent to which young people are being exposed to anti-smoking campaigns so that relevant initiatives can be effectively designed and implemented.

Gaps:

- Action plans for the implementation of education, communication, and training activities as part of a comprehensive multisectoral tobacco control strategy have not been established and the mandates of relevant ministries, government agencies and other key stakeholders in implementing Article 12 have not yet been defined.
- In the past, there have been only very limited training, sensitisation, and media awareness programmes on tobacco control for the general population, key target groups and important stakeholders such as healthcare professionals.
- There is no systematic collection of information on the tobacco industry and no public access to such information.

It is recommended that education, communication, and training are included in a future national tobacco control strategy and that adequate resources are allocated to implement effective education and public awareness on the consequences of tobacco use and to promote quitting. Consideration should be given to including tobacco-related education, communication, and training as part of school curricula, and through the use of digital technologies to raise health literacy about tobacco use. Free airtime should be sought from national radio and television stations for the broadcasting of messages aimed at raising awareness of tobacco control laws and preventing tobacco use, exposure to tobacco smoke and quitting.

⁵³ WHO. WHO report on the global tobacco epidemic, 2023, Country profile, Bahamas. https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_bahamas.pdf?sfvrsn=46716365_5&download=true.

It is also recommended that the MoHW and stakeholders involved in education, communication, and training make efforts to pre-test and rigorously research and evaluate the impact of their activities to achieve best possible outcomes. International cooperation may be useful to ensure that rigorous, systematic, and objective methods are used in designing and implementing these programmes.

It is further recommended that the MoHW work closely with other stakeholders (including the WHO FCTC Knowledge Hub on Article 12) to implement media campaigns and increase their effectiveness.

Awareness raising about the impact of tobacco on health and wider sustainable development could be undertaken to build understanding and support ahead of efforts to develop and implement legislation and policies relating to tobacco control in the country.

Article 13: Tobacco advertising, promotion and sponsorship

Article 13.1 of the WHO FCTC notes that the Parties “*recognise that a comprehensive ban on advertising, promoting and sponsorship would reduce the consumption of tobacco products*”.

Article 13.2 of the WHO FCTC requires each Party to “*in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21*”.

According to the WHO, tobacco advertising promotion and sponsorship (TAPS) increases and sustains tobacco use by effectively recruiting new tobacco users and discouraging tobacco users from quitting.⁵⁴

Under Article 13 of the WHO FCTC, Parties shall undertake a *comprehensive* ban of all tobacco advertising, promotion and sponsorship. In The Bahamas, there is no comprehensive ban on TAPS, although tobacco advertising is prohibited on national television and radio under the *Broadcasting (Licensing) Rules, 1993*.⁵⁵ However, tobacco can be advertised by other means (for example, in print, on billboards and posters or via electronic media) so long as the advertisement contains a warning that reads “*Warning - Tobacco smoking may cause heart disease or lung cancer among other diseases*” in accordance with rule 2 (1) the *Health Services (Tobacco Advertising and Sales) Rules*.

The *Health Services (Tobacco Advertising and Sales) Rules* provides in rule 2 (1) that:

⁵⁴ WHO. Tobacco. 31 July 2023. <https://www.who.int/news-room/fact-sheets/detail/tobacco>.

⁵⁵ Campaign for Tobacco-Free Kids (CTFK). Tobacco Control Laws. Broadcasting (Licensing) Rules. <https://assets.tobaccocontrollaws.org/uploads/legislation/Bahamas/Bahamas-Broadcasting-Licensing-Rules-native.pdf>.

“No person shall advertise manufactured tobacco intended for smoking unless the advertisement includes a warning to the effect that tobacco smoking is dangerous to health.”⁵⁶

And provides further in 2 (2) that:

“No person shall print, publish, reproduce or distribute any advertisement for manufactured tobacco intended for smoking unless the advertisement contains a warning which is clearly legible and reads as follows - “Warning - Tobacco smoking may cause heart disease or lung cancer among other diseases.”⁵⁷

These allowances for TAPS mean that the obligation for The Bahamas to undertake a comprehensive ban on TAPS is not met. The Needs Assessment team witnessed TAPS during the mission, particularly at bus stops and around shops.

Data from the 2013 GYTS suggests that youth exposure to TAPS remains an issue. The report reveals that 23.6% of students (23.3% boys and 24.2% girls) noticed tobacco advertisements or promotions at points of sale; 11.3% of students (13.3% boys and 8.8% girls) owned something with a tobacco brand logo on it; 15.2% of students (25% boys and 4.2% girls) had been offered a free tobacco product from a tobacco company representative.

Gaps:

- There is no comprehensive ban on TAPS.
- There is no law obligating the tobacco industry to disclose its advertising, promotion and sponsorship activities or related expenditure to the government.

It is recommended that The Bahamas implement Article 13 of the WHO FCTC and WHO Framework Convention on Tobacco Control: guidelines for the implementation of Article 13 by undertaking a comprehensive ban on all forms of tobacco advertising, promotion and sponsorship (TAPS), including the display of tobacco products at points of sale.

Consideration should also be given to establishing requirements for the tobacco industry to disclose to the Government its activities and expenditures related to TAPS.

Article 13.7 of the WHO FCTC reaffirms Parties’ “sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law”.

It is recommended that in future tobacco control legislation, The Bahamas seek to extend a comprehensive ban on TAPS to include all cross-border forms of TAPS, including via international or cross-border television, radio and print media. The Bahamas should also give consideration to the WHO Framework Convention on Tobacco Control: guidelines for the implementation of Article 13 and specific guidelines to address cross-border tobacco

⁵⁶ Ibid.

⁵⁷ Ibid.

advertising, promotion and sponsorship and the depiction of tobacco in entertainment media and consider the need to regulate digital media.⁵⁸

Article 14: Measures concerning tobacco dependence and cessation

Article 14.1 of the WHO FCTC requires each Party to “*develop and disseminate appropriate, comprehensive and integrated guidelines [concerning tobacco dependence and cessation] based on scientific evidence and best practices... [and] take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence*”.

The Bahamas does not have a national cessation strategy or national treatment guidelines.

In the public sector, tobacco cessation counselling offered at Sandilands Rehabilitation Centre has been suspended for over five years. Tobacco cessation counselling is however available through some private sector entities, most of which are at a cost. The counselling offered through the *BreathFree2*, a free programme facilitated and funded by the Seventh Day Adventist denomination, has been in existence for over a decade. To date, this 9-week programme focuses on counselling cessation for adults. In January 2025 a cessation programme targeting the youth is to be launched. The *BreathFree2* has representation on the Healthy Bahamas Coalition (HBC) as co-chairs of the HBC Tobacco Sub-Committee. Pharmaceutical interventions are not provided through the *BreathFree2* programme. These are currently only consistently available in the private sector at a cost. Evidently, tobacco users in The Bahamas have limited options for cessation counselling services, and stop-smoking medicines (nicotine replacement therapies) are only available for purchase at very high costs to individuals.

Moreover, tobacco use status should be recorded in patient notes and all health professionals should be trained to provide brief advice on quitting. According to The Bahamas' 2019 STEPS survey only 13.4% of respondents were advised during a primary clinic visit to either quit smoking or not to start.

The Government of The Bahamas should also work to ensure broad access to low-cost effective medications for cessation, including by considering the bulk purchase of medicines for this purpose. Medicines recommended for tobacco cessation should be included in the National Prescription Drug Plan, which is a feasible measure in the short-term to increase access and affordability, and on the forthcoming Essential Medicine List. Efforts should also be made to raise awareness among the population about available support for cessation.

Gaps:

- The Bahamas does not have a comprehensive and integrated national programme on tobacco dependence treatment.
- The Bahamas has not developed national guidelines on cessation of tobacco use.
- Tobacco users in The Bahamas have limited options for cessation services.
- No standardised and formal referral pathways exist to link those who desire to quit to counselling services and support.
- The Bahamas does not have a national essential medicines list.

⁵⁸ WHO FCTC. Guidelines for implementation article 13 and Specific guidelines to address cross-border tobacco advertising, promotion and sponsorship and the depiction of tobacco in entertainment media for implementation of Article 13 of the WHO FCTC. <https://fctc.who.int/news-and-resources/publications/m/item/guidelines-for-implementation-article-13#:~:text=The%20purpose%20of%20these%20guidelines,Convention%20on%20Tobacco%20Control%20DGO.>

- Stop-smoking medicines are not included on the national drug plan.
- Stop-smoking medicines (nicotine replacement therapies) are only available for purchase at very high costs to individuals.

It is recommended that The Bahamas develop and disseminate national guidelines on tobacco dependence treatment, including a national cessation strategy and national treatment guidelines which, among other things, encompasses national referral pathways designed to link those who desire to quit to counselling services and support. The Bahamas should refer to the recommendations in WHO Framework Convention on Tobacco Control: guidelines for the implementation of Article 14 when designing and developing its own guidelines, while also taking into account national circumstances and priorities.

Article 14.2 of the WHO FCTC stipulates that to achieve the end outlined in Article 14.1, “each Party shall endeavour to” implement effective tobacco cessation programmes aimed at promoting the cessation of tobacco use, include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes; establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and ensure the accessibility and affordability of treatments for tobacco dependence.

In The Bahamas, the availability of smoking cessation services remains limited. Currently there is no national toll-free quitline available to the public.⁵⁹ The international programme “Breathefree2” has a branch in The Bahamas and runs a tobacco cessation programme through the Seventh Day Adventist Church. *BreatheFree2* is only available in New Providence and does not routinely involve pharmacological assistance to people trying to quit. Pharmacological treatment is available in The Bahamas but without any cost coverage. Nicotine replacement therapies (NRTs) can be purchased without a prescription. The gums, lozenges and patches are available in The Bahamas but cost-prohibitive (a) when compared to prices paid for NRTs in other countries and (b) when compared to the price of tobacco. NRTs are not included in the national drug plan (The Bahamas does not have a national essential medicines list).

The Bahamas GYTS 2013 found that 16.8% of students who currently smoke have received help and/or advice from a programme or professional to stop smoking. According to the STEPS Bahamas 2019 results, only 31% of current smokers have been advised by a doctor to stop smoking.

Gaps:

- The Bahamas currently lacks a comprehensive and integrated national programme on tobacco dependence treatment.
- Limited availability of tobacco cessation programmes on the Family Islands.
- It is not mandatory to record tobacco use in medical history notes.
- Healthcare professionals working at primary health care level have not been trained and mobilised to provide cessation counselling and brief cessation advice.
- Tobacco dependence treatment is not included in the academic curriculum at medical, dental, nursing and pharmacy schools.
- There is no established national quitline for tobacco.

⁵⁹ WHO. WHO report on the global tobacco epidemic, 2021, Country profile, Bahamas. https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_bahamas.pdf?sfvrsn=46716365_5&download=true.

- There is no social marketing activity to encourage quitting or to provide information on how to quit.

It is recommended that the MoHW establish a national tobacco cessation programme in line with Article 14 of the WHO FCTC and WHO Framework Convention on Tobacco Control: guidelines for the implementation of Article 14. It is also recommended to seek to integrate advice and treatment on quitting tobacco into the nation's primary health care system. Establishing a national quitline and offering web-based cessation support should be considered, together with social marketing to reach out to tobacco users with encouragement to quit and information on how to best do so.

Effective NRT and other pharmacotherapies should be made available to tobacco users free or at an affordable cost. The WHO Model List of Essential Medicines includes pharmacotherapies for tobacco cessation that should be considered.

It is recommended to undertake training for healthcare professionals (especially those working in primary care settings) to provide cessation support and brief advice to tobacco users with whom they come into contact. Tobacco control and tobacco cessation should be incorporated in the curricula for all healthcare professionals and other relevant occupations, and the MoHW could consider collaborating with relevant professional organisations to develop and offer training modules for cessation.

It is recommended that the MoHW work to secure a low-cost, stable supply of medications to support cessation efforts by individuals, including NRTs. Tobacco users who receive both behavioural support with pharmacotherapy have the greatest chances of quitting.

It is further recommended that MoHW, in collaboration with relevant stakeholders, ensure that the recording of tobacco use status is mandatory in all medical and other patient notes.

Article 15: Illicit trade in tobacco products

In **Article 15** of the WHO FCTC, the “Parties recognise that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control.”

The Protocol to Eliminate Illicit Trade in Tobacco Products adopted at COP5 is a new legal instrument available to Parties to the WHO FCTC for the purposes of compliance with the mandates of Article 15.⁶⁰ The Bahamas has not joined the Protocol.

Gaps:

- There are no specific legislative requirements in The Bahamas to combat the illicit trade in tobacco products.
- There is no independent estimate on the level of illicit tobacco on the market in The Bahamas.
- The Bahamas is not a Party to the Protocol to Eliminate Illicit Trade in Tobacco

⁶⁰ WHO FCTC. Protocol to Eliminate Illicit Trade in Tobacco Products. <https://fctc.who.int/news-and-resources/publications/m/item/brochure-protocol-to-eliminate-illicit-trade-in-tobacco-products>.

Products.

- There seems to be dearth of knowledge about tobacco manufacturing taking place within the country, including in the free zones.

It is recommended that The Bahamas considers joining the Protocol to Eliminate Illicit Trade in Tobacco Products and move ahead with the implementation of the measures in the Protocol.

Regardless of whether The Bahamas joins the Protocol, consideration should be given to introducing legislative and administrative measures to address gaps and fulfil obligations under Article 15 of the WHO FCTC, including development of a practical tracking and tracing system for tobacco products.

In addition, to support efforts to eliminate illicit tobacco (and to support the implementation and enforcement of other tobacco control laws), The Bahamas should consider setting up a licensing system that covers:

- ***manufacturing of tobacco products and manufacturing equipment;***
- ***importing or exporting of tobacco products and manufacturing equipment;***
- ***retailing of tobacco products;***
- ***growing of tobacco, except for traditional small-scale growers, farmers and producers;***
- ***transporting commercial quantities of tobacco products or manufacturing equipment; and***
- ***wholesaling, brokering, warehousing or distribution of tobacco and tobacco products or manufacturing equipment.***

The Bahamas is encouraged to strengthen coordination among all government ministries and agencies that have a role in eliminating illicit trade in tobacco products, and to engage in bilateral and multilateral international cooperation to curb illicit trade in tobacco products.

Article 16. Sales to and by minors

Article 16.1 of the WHO FCTC requires Parties to “adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law, or eighteen. These measures may include:

- a) requiring Parties to ensure that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, [to] request that each tobacco purchaser provide appropriate evidence of having reached full legal age;
- b) banning the sale of tobacco products in any manner by which they are directly accessible, such as store shelves;
- c) prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors; and
- d) ensuring that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors”.

Article 16.2 of the WHO FCTC requires Parties “to prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors”.

Article 16.3 of the WHO FCTC calls on Parties to “endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors”.

The *Child Protection Act* in The Bahamas intended to ban the sale of tobacco products to minors (persons under age 18) under section 62 of the *Act*. However, as explained above under the discussion of Article 5.2(b), a legislative drafting error has left the creation of the criminal offence of selling tobacco products to minors in doubt. To correct the error, it is recommended that section 62 (3) of the *Act* be amended to include the accidentally omitted term “*tobacco products*”. Ideally, however, as far as possible, all tobacco legislation should be incorporated into a comprehensive Tobacco Control Bill. Moreover, the Needs Assessment team learned that even though it could be understood that the purchase of tobacco products by minors is prohibited, enforcement is unlikely.

Further, the Needs Assessment team received anecdotal reports that sales of single cigarette sticks is common in communities across the country. While a business licence that permits the sale of tobacco products is required for the sale of tobacco products in The Bahamas, the anecdotal evidence received suggests that people sell tobacco products from informal (non-licensed) shops operating out of their homes, and often sell single sticks rather than packs of cigarettes. Moreover, these single stick sales occur despite it being a criminal offence under rule 3 of the *Health Services (Tobacco Advertising and Sales) Rules* to sell tobacco products unless they are contained in packages that bear the required health warning.⁶¹ Concern was also expressed by various stakeholders about the apparent increasing popularity of e-cigarettes, especially among young people.

Gaps:

- Defective drafting of current legislation on age of sale of tobacco products.
- Lacking enforcement arrangements.
- Single-stick sales of cigarettes.

It is recommended that The Bahamas enact comprehensive tobacco control legislation that includes all requirements of Article 16 of the WHO FCTC, and to fix the defective legal drafting of the current age of sale law.

It is further recommended that the MoHW and other relevant ministries undertake activities to ensure age of sale laws are enforced and to build compliance through communicating to retailers about the legal age of sale and to stop the sale of single sticks of cigarettes.

Article 17: Provision of support for economically viable alternative activities

Article 17 of the WHO FCTC calls on Parties to promote, as appropriate, “in cooperation with each other and with competent international and regional intergovernmental organisations... economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers”.

⁶¹ The *Health Services (Tobacco Advertising and Sales) Rules* provides in rule 3 that: “No person shall import, sell, offer or expose for sale any cigarettes unless the cigarettes are contained in a package bearing a health hazard warning.”

WHO data shows that in 2020, export of cigarettes from The Bahamas was 0.03% of total exports in The Bahamas.⁶² In the core questionnaire of the 2016 reporting instrument of WHO FCTC, the Tobacco Control Focal Point for The Bahamas noted that the “*recent introduction of tobacco manufacturing in the country*” had become a constraint or barrier encountered in implementing the WHO FCTC.

With reference to the policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to articles 17 and 18 of the WHO FCTC), it is recommended that The Bahamas strive to maintain the lowest possible levels of tobacco growing and that all relevant government agencies be made aware of the obligations under the WHO FCTC.

Articles 18: Protection of the environment and the health of persons

In **Article 18** of the WHO FCTC, Parties agree to “*have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture*”.

Single-use plastics are a global environmental threat. Cigarette butts are one of the most pervasive single-use plastic products on Earth for the following reasons:

- cigarette filters contain a plastic called cellulose acetate;
- globally every minute, people dispose of 8.5 million cigarette butts;
- cigarette filters may not provide health benefits;
- cigarette butts are the most common type of plastic litter worldwide, even ahead of plastic bags, plastic straws, plastic bottles and plastic food wrappers; and
- cigarette butts leach toxins into the environment and degrade into microplastics.⁶³

For The Bahamas, cigarette litter (in particular cigarette butts) should factor in the country’s climate change policy-making. Cigarette litter will also impact on the quality of the country’s vital maritime environment. According to the US National Oceanic and Atmospheric Administration:

“Cigarette butts are a pervasive, long-lasting, and a toxic form of marine debris. They primarily reach our waterways through improper disposal on beaches, rivers, and anywhere on land, transported to our coasts by runoff and stormwater. Once butts reach the beach, they may impact marine organisms and habitats.

Most cigarette filters are made out of cellulose acetate, a plastic-like material that’s easy to manufacture, but not easy to degrade. The fibers in cigarette filters behave just like plastics in our oceans, the UV rays from our sun may break the fibers down into smaller pieces, but they don’t disappear. One solid filter ends up being thousands of tiny microplastics.”⁶⁴

⁶² WHO. Tobacco Agriculture and Trade, Bahamas, 2022, country profile.

<https://www.who.int/publications/m/item/tobacco-agriculture-trade-bhs-2022-country-profile>.

⁶³ Stopping Tobacco Organizations and Products (STOP). Cigarettes Are Single-Use Plastics. <https://exposetobacco.org/wp-content/uploads/cigarettes-are-single-use-plastics-EN.pdf>.

⁶⁴ United States Government. National Oceanic and Atmospheric Administration (NOAA). What is the most common form of ocean litter? Cigarette butts are the most common form of marine litter.

The recent COP10 Decision FCTC/COP10(14) Implementation of Article 18 of the WHO FCTC, among other things, urges Parties to take into account the environmental impacts from cultivation, manufacture, consumption and waste disposal of tobacco products and related electronic devices, and to strengthen the implementation of Article 18 of the WHO FCTC, including through national policies related to tobacco and/or protection of the environment.⁶⁵

Notably, the Government of The Bahamas has announced an inclusive national campaign to phase out single-use plastics by 2020.⁶⁶

The MoHW, Ministry of Agriculture and Marine Resources, and the Ministry of the Environment and Natural Resources are encouraged to work on implementation of Article 18 of the WHO FCTC.

Cigarettes should be subject to the country's new single-use plastics directives. The tobacco industry and its allies should have no role in developing these directives given their history of manipulating science and attempting to interfere in policy for the industry's commercial benefit.

Article 19: Liability

Article 19 of the WHO FCTC requires Parties to consider, for the purpose of tobacco control, “taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate”.

WHO FCTC decision FCTC/COP10(13) Implementation of Article 19 of the WHO FCTC: Liability reminds Parties of their obligations under Article 19 to, among other things, “consider legislative development or reform to strengthen liability regimes, including to facilitate compensation where appropriate, as part of a comprehensive tobacco control policy”; and “establish and apply, in accordance with national law, criminal, civil or administrative procedures and effective, proportionate and dissuasive sanctions in order to enforce the liability of the tobacco industry”.⁶⁷

In The Bahamas, no activities have been implemented in relation to Article 19 of the WHO FCTC. There are also no policy or legislative measures in place related to this article.

Gap:

- There is no provision in national legislation that addresses potential criminal and civil liability of the tobacco industry.

It is recommended that The Bahamas review and promote the options of implementing Article 19 of the WHO FCTC in its national context, including by using the WHO FCTC

<https://oceanservice.noaa.gov/facts/most-common-ocean-litter.html#:~:text=Cigarette%20butts%20are%20a%20pervasive,impact%20marine%20organisms%20and%20habitats>.

⁶⁵ WHO FCTC. Decision FCTC/COP10(14) Implementation of Article 18 of the WHO FCTC. February 2024.

<https://storage.googleapis.com/who-fctc-cop10-source/Decisions/fctc-cop-10-14-en.pdf>.

⁶⁶ The Government of The Bahamas. About the ban: Phasing Out Of Single-Use Plastics & Styrofoam Food Containers. <https://tinyurl.com/4dke4pvp>.

⁶⁷ WHO FCTC. Decision FCTC/COP10(13): Implementation of Article 19 of the WHO FCTC: Liability. February 2024. <https://storage.googleapis.com/who-fctc-cop10-source/Decisions/fctc-cop-10-13-en.pdf>.

Article 19 Civil Liability Toolkit,⁶⁸ which is an interactive guide to taking legal action against the tobacco industry.

Article 20: Research, surveillance and exchange of information

Article 20 of the WHO FCTC requires Parties to “*develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control*”.

To date, The Bahamas has completed:

- Five rounds of the Global Youth Tobacco Survey (GYTS): 2000, 2004, 2009, 2013 and 2023;
- Two rounds of the Global School-based Student Health Survey (GSHS): 2013 and 2023; and
- Two rounds of STEPwise approach to NCD risk factor surveillance (STEPS): 2011-2012 and 2019.

The results of the latest GYTS survey (conducted in 2023) are expected to be published in 2024 and will provide important evidence to guide future policy-making for tobacco control in the country.

Gaps:

- The Bahamas has collected data on tobacco use through population surveys for both adults and adolescents and has recent data. However, due to unforeseen situations such as the impact of the hurricanes and later the Covid-19 pandemic, the surveys scheduled for 2018/2019 could not be carried out and therefore the country could not maintain the recommended periodicity of every 5 years.
- There is a lack of data relating to the morbidity burdens, wider economic costs attributable to tobacco use and exposure to tobacco smoke.
- Further evidence relating to the penetration of illicit tobacco in the national tobacco market would be useful.
- The Bahamas would benefit from developing a deeper understanding of how tobacco acts as a barrier to its sustainable development.
- It is unclear whether any researchers within the country are working on tobacco control-related issues.

It is recommended that The Bahamas:

- ***Develop and promote national research capacity in coordination with competent international and regional organisations.***
- ***Identify a set of standard questions related to tobacco use that can be included in future national household surveys and other relevant surveys to allow for the standardisation of data and the tracking of trends over time.***
- ***Continue to improve data collection on mortality and morbidity related to tobacco use.***

⁶⁸ WHO FCTC Article 19 Civil Liability Toolkit: <https://extranet.who.int/fctcapps/civil-liability-toolkit#/>.

- ***Encourage research addressing the determinants and consequences of tobacco use and exposure to tobacco smoke, and the impacts of tobacco on sustainable development.***
- ***Conduct evaluation studies of the effectiveness of interventions to reduce tobacco use prevalence and utilise findings and surveillance results when developing national tobacco control strategies, policies and interventions.***

Article 21: Reporting and exchange of information

Article 21 of the WHO FCTC requires each Party to “*submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention*”.

The Bahamas has provided the required reports to the Convention Secretariat in accordance with relevant COP decisions. The Bahamas ***is encouraged to continue this trend of submitting reports on time in the required format.***

Article 22: Cooperation in the scientific, technical, and legal fields and provision of related expertise

Article 22 of the WHO FCTC requires that Parties “*shall cooperate directly or through competent international bodies to strengthen their capacity to fulfil the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes*”.

At its fourth session, in decision FCTC/COP4 (17),⁶⁹ the COP acknowledged the importance of implementation of the WHO FCTC under the United Nations Development Assistance Frameworks (UNDAFs) as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. Parties are encouraged to utilise the opportunities for assistance under the UNDAFs (now UNSDCF).

It is recommended that the MoHW follows up with the UN Resident Coordinator (UNRC) and relevant government ministries to propose that implementation of the WHO FCTC be included in any future UNSDCFs and other country cooperation strategies with the UN.

It is further recommended that The Bahamas seeks out opportunities to cooperate with other Parties, competent international organisations and development partners present in the country to support implementation of the WHO FCTC.

The Bahamas is also encouraged to collaborate and share knowledge, skills and successful initiatives in the implementation of the WHO FCTC with other Parties to the WHO FCTC, including through South-South and triangular cooperation initiatives.

Article 26: Financial resources

In **Article 26** of the WHO FCTC, Parties recognise “*the important role that financial resources play in achieving the objective of this Convention*”. Furthermore, **Article 26.2** calls on each

⁶⁹ See WHO. FCTC/COP/4/REC/1, Decisions and ancillary documents. http://apps.who.int/gb/fctc/E/E_cop4.htm.

Party to “provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes”.

It is recommended that the Government allocates sufficient financial and human resources for the full implementation of the WHO FCTC and enforcement of tobacco control legislation.

The Bahamas is also encouraged to consider allocating a percentage of total taxes and customs duties charged on tobacco products to sustainably fund national tobacco control activities.

Article 26.3 of the WHO FCTC requires Parties to “promote, as appropriate, the utilisation of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition”.

Gap:

- The Needs Assessment found that Bahamas has not explored national, bilateral, regional and other multilateral channels to access resources for the development and strengthening of multisectoral comprehensive tobacco control programmes. Mindful, however, that the Bahamas’ status as a high-income country may impact its access to bilateral, regional and other multilateral channels to access financial resources.

It is recommended, in line with Article 26.3 of the WHO FCTC, that the Government of The Bahamas consider the inclusion of implementation of the WHO FCTC in bilateral and multilateral agreements and action plans developed with development partners working with The Bahamas.

Article 26.4 of the WHO FCTC stipulates that “Parties represented in relevant regional and international intergovernmental organisations, and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organisations”.

The MoHW has set out its commitment to the implementation of effective tobacco control, and to promoting implementation of the WHO FCTC in relevant bilateral and multilateral forums.

It is recommended that The Bahamas utilise the potential of Article 26.4 to advocate for moving the WHO FCTC higher up the international development agenda. It is also recommended that other ministries that represent The Bahamas in other regional and global forums also proactively urge regional and international organisations and financial institutions to provide financial assistance to support national implementation of the WHO FCTC.

Annex

List of Government agencies and their representatives, members of the international team, and NGOs participating in the joint Needs Assessment

Name	Designation	Institution
Dr. Michael Darville	Minister of Health and Wellness	Ministry of Health and Wellness
Dr. Pearl McMillan	Chief Medical Officer	Ministry of Health and Wellness
Dr. Novia Carter-Lookie	Director, Bahamas National Drug Council	Ministry of Health and Wellness
Dr. H. Mitchell Lockhart	Director of Oral Health	Ministry of Health and Wellness
Dr. Phillip Swann	Director, Public Health	Ministry of Health and Wellness
Gina Dean	Director of Nursing	Ministry of Health and Wellness
Charlene Bain	Director, Community Health Services	Ministry of Health and Wellness
Dr. Deanna Bain-Rolle	School Health Services Physician Lead	Ministry of Health and Wellness
Judy Terrell	Director of Global Health Communications	Ministry of Health and Wellness
Dr. Cherita Moxey	Head of Policy and Planning	Ministry of Health and Wellness
Dr. Gina Archer	Chief Pharmacist	Ministry of Health and Wellness
Nurse Barsha Smith	NCD Coordinator	Ministry of Health and Wellness
Kayla Green Smith	Deputy Director of Legal Affairs	Ministry of Legal Affairs and Attorney General's Chambers
Cherita Symmonett	Chief Counsel	Ministry of Legal Affairs and Attorney General's Chambers
Nevado Frazer	Counsel	Ministry of Legal Affairs and Attorney General's Chambers

Talmon Brice	Deputy Director of Revenue	Ministry of Finance
Gia Williams-Ferguson	Assistant Director Revenue	Ministry of Finance
Brickell Pinder	Director, Trade and Industry Unit	Ministry of Economic Affairs
Tia Hanna	Project Officer	Ministry of Economic Affairs
James A. Seymour	Inspector, Department of Agriculture	Ministry of Agriculture and Marine Resources
Ian R. Ferguson	Executive Director	Ministry of Tourism, Investments and Aviation
Robert Sands Jr.	Director of Tourism	Ministry of Tourism, Investments and Aviation
Ricarla Rodgers	AAO, Department of Aviation	Ministry of Tourism, Investments and Aviation
Rashard Ritchie	Assistant Director of Youth	Ministry of Youth, Sports, and Culture
CC LaFleur	Director of Human Resources	National Health Insurance Authority
Shaundra Sawyer	Healthcare Wellness Specialist	National Health Insurance Authority
Dr. Aubynette Rolle	Managing Director	Public Hospitals Authority
Dr. Keva Thompson	Deputy Managing Director	Public Hospitals Authority
Melissa Wright	Legal Advisor	Public Hospitals Authority
Astacia Brice	Policy Analyst	Public Hospitals Authority
Eloise Rolle	Risk Manager	Public Hospitals Authority
Dr. Kirk Christie	Consultant	Public Hospitals Authority
Renae F. Bufford	Executive Director	The Bahamas Bureau of Standards and Quality (BBSQ)

Tamara L. Baker	Technical Standards Officer	The Bahamas Bureau of Standards and Quality (BBSQ)
Lionel Haven		Bahamas Chamber of Commerce and Employers' Confederation (BCCEC)
Wellington Bain	Health and Safety Manager	Bahamas Technical and Vocational Institute
Christon Deveaux	Nursing Officer	Bahamas Technical and Vocational Institute
Dr. Anthony Hamilton	President	Civil Society Bahamas
Sharmie Farrington	Executive Director	Consumer Protection Commission
Datus Famington	Manager	Consumer Protection Commission
Colette Butterfield	Executive Secretary	Consumer Protection Commission
Dr. Ann Rolle	Co-Chair	Healthy Bahamas Coalition
Dr. John Carey	Co-Chair	Healthy Bahamas Coalition
Shakiel Riley	Superintendent	Royal Bahamas Police Force
Kimio Smith	Assistant Superintendent	Royal Bahamas Police Force
Felicity Darville	Lecturer, Freelance Journalist	University of the West Indies, Bahamas
Zahrah Jibrilu	National Project Officer	International Organization for Migration (IOM)
Pasha Fernander	Project Admin Assistant	International Organization for Migration (IOM)
Dr. Eldonna Boisson	PAHO/WHO Country Representative for The Bahamas and Turks and	PAHO/WHO The Bahamas and Turks and Caicos Country Office

	Caicos	
Dr. Brittney Jones	Technical Officer, NCD Risk Factors and Mental Health	PAHO/WHO The Bahamas and Turks and Caicos Country Office
Adriana Bacelar Gomes	Specialist, Tobacco Surveillance	PAHO/WHO
Luciana Severini	International Consultant	PAHO/WHO
Andrew Black	Coordinator, Development Assistance	WHO FCTC
Kelvin Khaw	Programme Manager	WHO FCTC
Miriam Alvarado	Health Tax Consultant	Independent consultant
Kesaundra Alves	Public Health Lawyer	Independent consultant